

## Course Registration Form

COURSE	DATE
/	
/	

PERSONAL DETAILS	
Instructor ID (only for Continuing Education):	
Last Name:	First Name:
Company:	
Address:	
City:	Country:
Phone:	Fax:
Email:	

*I hereby acknowledge that immediate payment is required after receipt of the invoice. The deadline for payment is 1 week prior to the start of the course.*

*Al Kamda General Trading is not responsible for hotel booking, visa applications, transportation, food & beverages.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SCHWINN**

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